

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10818

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY, OR TOWN <u>Potosi</u>		c. LENGTH OF STAY (in this place) <u>Yrs.</u>	c. CITY OR TOWN <u>Potosi</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1102</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lawrence</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Myers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>single</u>	8. DATE OF BIRTH <u>Aug. 28 1874</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lafayette Myers</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Kincaid</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Salloway</u>	ADDRESS <u>Potosi Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anteuralbaric pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u> DUE TO (c) <u>Chronic Anteuralbaric</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pulmonary Pathology</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	18. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 5, 1955 to March 19, 1955, that I last saw the deceased alive on March 19, 1955 and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel Soren D.D.</u>	(Deputy or title)	23b. ADDRESS <u>Potosi Mo.</u>	23c. DATE SIGNED <u>Mar. 19, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-55</u>	REGISTRAR'S SIGNATURE <u>Hubert Kudall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks</u>	ADDRESS <u>Potosi Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 28 1955
WASH COUNTY HEALTH

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy L. Spink
Licensed Embalmer No. 433
P. O. Address Shelby

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.